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DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below at 201 ct seq. underneath my name.

Ibelieve I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 ct below, of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND APPARATUS FOR ACCESS ELECTRONIC DATA VIA A FAMILIAR PRINTED MEDIUM, the specification of which:

is attached hereto X was filed on May 25, 1994 as Application Serial No. 08/250799 (for declaration not accompanying application)

with amendment(s) filed (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referrabove.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulat §1.56(a).

I hereby claim foreign priority benefits under Title 35. United States Code, §119/§172 of any foreign application(s) for patent or inventor's certificate listed b and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is clai

EARLIEST FOREIGN APPLI	CATION(S), IF ANY, FILED PRI	OR TO THE FILING DATE OF THE	APPLICATION	
APPLICATION NUMBER	COUNTRY	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119/172	
	***************************************		YES D	ио п
			YES O	ио п
			yes o	№ □
			yes o	NO []

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code 3 I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	FILING DATE	STATUS		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint John F. Ward (Reg. No. 33,811) and John W. Olivo, Jr. (Reg. No. 35,634), whose address a & Olivo, 708 Third Avenue, New York, New York 10017, and each of them, my attorneys, to prosecute this application, and to transact all business in the and Trademark Office connected therewith.

1/2/032

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DIRECT TELEPHONE CALLS TO: WARD & OLIVO SEND CORRESPONDENCE TO: WARD & OLIVO 708 THIRD AVENUE NEW YORK, NEW YORK 10017 (212) 697-6262 MIDDLE NAME LAST NAME FIRST NAME **FULL NAME** SPENCER Α **RATHUS** OF INVENTOR COUNTRY OF CITIZENSUIP 2 STATE OR PORLIGH COUNTRY RESIDENCE & 0 UNITED STATES OF AMERICA SHORT HILLS **NEW JERSEY** CITIZENSHIP 1 ary STATE OF COUNTRY ZIP CODE POST OFFICE 31 KNOLLWOOD ROAD SHORT HILLS **NEW JERSEY** 07078 **ADDRESS** FIRST NAME MUDDLE NAME LAST NAME **FULL NAME JEFFREY** S **NEVID** OF INVENTOR 2 COUNTRY OF CITIZENSIEP STATE OR PORTEON COUNTRY **RESIDENCE &** 0 **NEW YORK NEW YORK** UNITED STATES OF AMERICA CITIZENSHIP 2 POST OFFICE ADDRESS STATE OR COUNTRY ZIP CODE POST OFFICE **NEW YORK NEW YORK** 10025 382 CENTRAL PARK WEST, #11D **ADDRESS** MIDDLE NAME LAST HAME FIRST NAME **FULL NAME** FICHNER-RATHUS LOIS OF INVENTOR 2 STATE OR POREIGN COUNTRY COUNTRY OF CITIZENSIUP CITY RESIDENCE & 0 SHORT HILL **NEW JERSEY** UNITED STATES OF AMERICA CITIZENSHIP 3 STATE OR COUNTRY POST OFFICE ADURESS POST OFFICE 07078 SHORT HILLS **NEW JERSEY** 31 KNOLLWOOD ROAD **ADDRESS** MIDDLE NAME LAST NAME FIRST NAME W. **FULL NAME** OF INVENTOR 2 STATE OR FORDION COUNTRY COUNTRY OF CITIZENSIEP RESIDENCE & 0 CITIZENSHIP an STATE OR COUNTRY ZIP CODE POST OFFICE ADDRESS POST OFFICE **ADDRESS** FIRST NAME -MIDDLE NAME **FULL NAME** į ai OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSEEP aty N RESIDENCE & 0 CITIZENSHIP 5 ZIP CODE STATE OF COUNTRY POST OFFICE ADDRESS aty POST OFFICE **ADDRESS** FIRST NAME MIDDLE NAME LAST NAME **FULL NAME** OF INVENTOR 2 STATE OF FOREIGN COUNTRY COUNTRY OF CITIZENSIEP arr RESIDENCE & 0 CITIZENSHIP 6 STATE OR COUNTRY ZIF CODE POST OFFICE ADDRESS POST OFFICE ADDRESS

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVESTOR 207 S- Man	EGINATURE OF INVENTOR 2013 WIS NCLING - Ractus
DATE 6/23/94	DATE 6/24/94	DATE 6/23/94
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	Signature of inventor 206
DATE	DATE	DATE